

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of 1887 back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 771** Office of Registrar of Vital Statistics. Ward **1st**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 29. 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mrs. Maria Ledy**

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **78** Years, Months, Days.

Color, **white**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **None**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Balt. Md.**

Duration of Residence in the City of Baltimore, **Lifetime**

Place of Death, { Give Street and Number. } **412 S. Washington St.**

Cause of Death, { First (Primary), Second (Immediate), } **Catarrh of Fever**
Acute Gastritis

Duration of Last Sickness, **Four weeks**

All the above information should be furnished by the Physician.

Place of Burial, **Mo. C Cem. Phila. Road**

Date of Burial, **July 1st 87**

{ Undertaker, **E. J. Francis** } M. D.

{ Place of Business, **Bank & Hope St.** Address, **1000 B. Hill St.** } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

442 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Miss Rachael Sullivan

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

8

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

No 1512 Thames St

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

June 30th 1887

{ Undertaker,

E. France

Thomas D. Evans

M. D.

Medical Attendant.

{ Place of Business,

200 W. 1st St

Address,

20 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 773

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 11.30 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Sophia Stevens

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } West river, Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, { Give Street and Number. } 303 Rose St.

Cause of Death, { First (Primary), Cerebral Hemorrhage
Second (Immediate), Coma

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1887

{ Undertaker, Alex Kennedy } F. P. Murphy M. D.

Medical Attendant.

{ Place of Business, 561 Orchard St. } Address, 78 Maryland av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 774 Office of Registrar of Vital Statistics. Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1887

Full Name of Deceased, Michael Lork

Sex, Male

Age, 2 Years, 9 Months, Days.

Color, White

Married, Single

Occupation,

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, # 806 S. Ann St

Cause of Death, Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, June 30th 1887

Undertaker, J. Braknowski

Place of Business, 1732 Alice Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John C. Dr. Gray Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 775 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Matilda S. Roben

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 15 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1836 Orleans St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infant.
Athensia

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cnd

Date of Burial, June 30, 1887

{ Undertaker, W. Sander Medical Attendant, M. D.

{ Place of Business, 1710 Canton Address, 949 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

776

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emily J. Ganley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, 3 Months, 3 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Montgomery Co. Md.

Duration of Residence in the City of Baltimore,

1 year

Place of Death, { Give Street and Number. }

334 S. Stricker

Cause of Death, { First (Primary), Second (Immediate), }

Pulmonary Consumption

Duration of Last Sickness,

16 months

All the above information should be furnished by the Physician.

Place of Burial,

Boyd Station Mont. Co.

Date of Burial,

July 1/87

{ Undertaker,

J. B. Cook

Wm. S. Buchanan M. D.

Medical Attendant.

{ Place of Business,

1003 W. Baltimore

707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4744 Transit

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 777 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Cooper Jenkins.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — Years, 8 Months, 4 Days.

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, ✓

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give Street and Number. } 38 No. 35 old No. S. High st.

Cause of Death, { First (Primary), Second (Immediate), } Intentional artificial food
Sholera Infantum Sup. urine

Duration of Last Sickness, 18 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial, July 1st 1887

{ Undertaker, Evans & O'Brien J. Ridgway Anderson M. D. Medical Attendant.

{ Place of Business, 1000 E Baltimore Address, 121. 1123 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 778 Office of Registrar of Vital Statistics. Ward 62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1887

Full Name of Deceased, Maggie Schutte

Sex, Male or Female, Cross out the word not required in this line.

Age, 9 Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, None

Birth Place, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1902 Orleans St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cem

Date of Burial, July 1st 1887

Undertaker, W. Blothkamp & Co.

Place of Business, 1709 E Lombard St.

Medical Attendant, A. M. Hookman M. D.

Address, 812 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

979

Office of Registrar of Vital Statistics.

Ward

17^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katherine Cronan

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Sixteen

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Sixteen Months

Place of Death,

{ Give Street and Number. }

1405 Hubbard St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Cholera Infantum
Convulsions

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

July 1 1887

{ Undertaker,

Bernard Harle

Mc Lake Hooper

M. D.

Medical Attendant.

{ Place of Business,

115 West St.

Address, 1329 Hull St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

789

Office of Registrar of Vital Statistics.

Ward

20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 30th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alice A Decker

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

6

Months,

12

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Balto

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

1366 N. Trumont St

Cause of Death,

{ First (Primary),

Second (Immediate),

Tubercular Meningitis

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Oliver Cemetery

Date of Burial,

July 1 1887

{ Undertaker,

Bernard Harle

Chas E Satter

M. D.

Medical Attendant.

{ Place of Business,

115 West St

Address,

200 South St Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]